

## Clinical Department

### FILARIASIS

By

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We have thought it worth while to report this case because of (1) its apparent rarity in this vicinity; (2) the sudden onset of symptoms after many years' residence in California; (3) the unusual urological findings (chyluria from the pelvis of both kidneys with chylous hydrocele); and (4) the possibility (though remote) of the establishment of an endemic focus of this mosquito-borne disease within the borders of California, such a focus having already been described within the borders of the Continental United States<sup>1</sup>.

#### Case History—

T. O. Japanese, farmer, age 42, married.

F. H. Wife and 4 children, living and well.

P. H. Had severe pain in left hip when nine years old—bed 3 months; complete recovery. Upon arrival U. S. A. in 1906 had beri-beri; no recurrence. Some chronic cough last few years.

P. I. Began Dec. 31, 1920—Dull burning discomfort in epigastrium, not associated with meals, increased by working. Two days later milky urine, swelling of right testicle.

P. E. Head—Not remarkable, except for many infected teeth.

Chest—Slight dullness, both apices; few rales left base.

Radiogram—Shows moderate fibrosis to both apices and left base.

Circulatory System—Not remarkable.

Abdomen—Pain located by patient beneath left rectus, just below costal margin. There is some deep rigidity and tenderness here.

Neuro-muscular

Bones-Joints

Skin

} Not remarkable.

**Urological Examination—Ext. Genit.**—No enlargement of inguinal nodes, no herniae. Penis—Normal, no scars, no discharge at meatus. Scrotum—Enlarged, globular mass on right, about size and shape of a pear, translucent; does not change with position or coughing. Vas—Palpable above the pear-shaped tumor. There is an increased density in the inferior and posterior portion of the tumor mass, which is no doubt testicle. Needle introduced into the pear-shaped tumor mass, withdraws milky fluid, neutral in reaction and fat-containing. Right testicle, vas, and epididymis, normal.

**Urinary Examination**—In all three glasses the urine had a milky appearance, specific gravity 1021, neutral reaction, and contained considerable albumin, no sugar, no W. B. C. The stained specimen was negative for bacteria.

**Rectal Examination**—Few external hemorrhoids. Anal sphincter of good tone. Prostate, normal. Prostatic secretion contained no pus, 70 per cent. lecithin, no R. B. C., no spermatozoa. Seminal vesicles not palpable.

**Cystoscopic Examination**—Bladder capacity normal; no residual urine. Mucous membrane of the bladder was normal, as were the trigone and ureteral orifices. Catheters were inserted and specimens obtained. Ureteral specimens were collected, the two sides being practically identical and contained microscopically a few R. B. C., few oxalate crystals, epithelial cells, fat globules and no organisms. Cultures did not show growth.

**Intravenous Phthalein**—22 cc. obtained from the right; appearance time, 2 minutes; 36% phthalein. From the left 16½ cc.; appearance time, 3 minutes; 30% phthalein, making a total of 66% in one-half hour's time.

**Intramuscular Phthalein**—Given a day or two previously, showed 150 cc. and 70% the first hour, 300 cc. and 10% the second hour. Total, 450 cc. and 80%.

**X-ray Examination**—Normal outline of kidneys. Iodide solution, 8 cc. injected into the right kidney pelvis, 12 cc. into the left kidney pelvis. Both normal. Right shows 3 major, 8 minor calyces, no blunting or abnormalities of position. Left, 2 major, 7 minor calyces, no blunting or abnormalities as to position.

**Laboratory Report—Blood**—W. B. C. 8,800. R. B. C., 5,010,000. Hb., 92%. Differential, Polys 75. Small lymphas, 19. Large lymphos, 4. Eosinophile, 1. Transitional, 1. No malaria. Blood Wassermann, negative.

It required the examination of many thick smears made after the method described by Francis<sup>1</sup> and examined both fresh, and after staining with Wrights' stain, before a half dozen larvae were finally located during an intermission of symptoms.

We were unable to find any larvae in the hydrocele fluid, and this is also unusual.

The fat droplets in the urine were extremely small, resembling cocci in size. Ether extraction with later evaporation brought to light convincingly large fat globules.

**Treatment**—Bed-rest for 24 hours relieved all symptoms, pain, anorexia, and chyluria. They promptly recurred when the patient resumed the upright position.

It would appear that the thoracic duct occlusion is partial in the horizontal, but more or less complete in the vertical position.

Capital National Bank Building.

### CASE HISTORIES FROM THE CHILDREN'S DEPARTMENT, UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL AND HOSPITALS

1921 Series, Case No. 4, 1914. Male, Italian. Age, 15 months. F. P. No. 8058.

**Complaint:** He came to the hospital because of bronchitis and lack of development. He was admitted to the hospital first in July and then again in October.

**Family History:** Father and mother normal Italians. There were 2 brothers and 3 sisters living and well; one brother died at age of 10 months, cause unknown. F. P. was 7 months premature.

**Past History:** Never been breast-fed and had been fed on many proprietary foods. Before he entered the hospital he was receiving three-fourths whole milk, one-fourth boiled water with a teaspoon of granulated sugar to each bottle. He was receiving 6 ounces of this food whenever he appeared hungry. Bowels had been regular. On entrance he was markedly undernourished. At 14 months he had suffered from a severe attack of measles, following which he had a cough and a purulent discharge from the left ear, and he had had some aphonia.

**Physical Examination:** Showed a pale, fairly well developed, poorly nourished child with the usual signs of rickets, square head and enlarged epiphyses and rosary. Musculature was flabby. Lungs showed very shallow breathing with some dullness in the upper lobes of both lungs. Breath sounds were clear throughout and there were moist medium coarse rales throughout both front and back. Heart was normal area, and there were no murmurs. Abdomen was large, liver and spleen were not enlarged. Reflexes were normal. He had several furunculi on the sacral region. Von Pirquet reaction was negative as was the blood Wassermann. His blood picture, for which condition we are reporting this case, showed a very low hemoglobin with a high red count and moderate leucocytosis. The blood counts are as follows:

<sup>1</sup> Edward Francis, U. S. P. H. S. Report 1919.